



**REVOCATION OF POWER OF  
ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	09/492,709
Filing Date	January 27, 2000
First Named Inventor	Zyskind, Judith et al.
Group Art Unit	1631
Examiner Name	Marschel, Ardin H.
Attorney Docket Number	E1021

**I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:**

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73 (b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name

Jack L. Tribble

Signature

*Jack L. Tribble*

Date

*11/8/04*

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of      forms are submitted.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450